

State of Hawaii – Insurance Division
NOTICE OF APPOINTMENT: INSURER→PRODUCER

APPOINTEE (Insurer) Full and exact name as shown on Certificate of Authority:		
	Certificate of Authority Number ¹ :	Vendor ID Number ¹ :
APPOINTEE (Producer) Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number ¹ :	Vendor ID Number ¹ :

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named insurer, organized under the laws of their state of domicile and authorized to do business therein, and carrying on the business of insurance in said State as authorized by law (hereinafter called the “Insurer”), does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named producer.

Select class(es) of insurance:		
<input type="checkbox"/> Life (includes Variable Annuities if producer is licensed for Variable Annuities)	<input type="checkbox"/> Casualty <input type="checkbox"/> Marine <input type="checkbox"/> Property <input type="checkbox"/> Surety <input type="checkbox"/> Vehicle	<input type="checkbox"/> Title Other (please specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Accident and Health or Sickness		

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

Signature of Insurer’s authorized representative	Print name of signer	Date signed
Signature of Producer or agency’s designated representative ¹	Print name of signer	Date signed

¹You can look up this information on our website, <http://www.ehawaii.gov/serv/hils>.

Submit two (2) of these forms with original signatures. Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
(Express mail only: 335 Merchant Street – Room 213, Honolulu HI 96813)

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